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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(s): Janne Mikael
Haavisto

SERIAL NO.: 09/750,888

ART UNIT: 2686

FILING DATE: December 28, 2000

EXAMINER: Ngoc Yen T.
Vu

TITLE: MEASUREMENT OF ILLUMINATION INTENSITY WITH
LIGHT EMITTING DIODES

ATTORNEY

DOCKET NO.: 858-010006-US(PAR)

MAIL STOP AF
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO FINAL REJECTION

I. INTRODUCTION

This is in response to the Office Action mailed May 5, 2005 in regard to the above-identified patent application. Reconsideration of the rejection of the claims is respectfully solicited in light of the following amendment and remarks.

Please amend the Application as follows:

*Enter for Rde
10-6-05*

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/750,888

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	13 minus 20 =	
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	29	20	9
Independent	11	3	7
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	355.00		BASIC FEE	710.00
X\$ 9=			X\$18=	
X40=			X80=	80.
+135=			+270=	
TOTAL			TOTAL	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=			X\$18=	162.00
X40=			X80=	648.00
+135=			+270=	
TOTAL			TOTAL	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=			X\$18=	
X40=			X80=	
+135=			+270=	
TOTAL			TOTAL	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=			X\$18=	
X40=			X80=	
+135=			+270=	
TOTAL			TOTAL	

8/2/05

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	28	29	
Independent	11	11	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" ON THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" ON THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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